



Tennessee Department of Children's Services

**REQUEST FOR
NAME AND/OR ADDRESS OF FATHER OF CHILD BORN OUT-OF-WEDLOCK**

REQUEST: *(Please Print or Type)*

REQUEST: <i>(Please Print or Type)</i>				Request Date
Child's Full Name	Place of Birth City: State:	Sex of Child <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Birthdate	Requesting Party Name/ Agency and Address
Father's Full Name	Reason for Request			
Mother's Full Name				

RESPONSE:

RESPONSE:		Response Date
Putative Father's Name	Address	Date Registered
Date Change of Address Registered	Staff Registrar	Registry Telephone Number

Comments:

Please forward document to:

Registrar
Putative Father Registry
Tennessee Department Children's Services
436 Sixth Avenue, North
Nashville, TN 37243-1290

Original copy will be returned to you